PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FL.

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

* 4 A 11 C 41	correspondence including d below or directed oth	a the Detent advance of	rderc and notification of t	naintenance teec VI	uli be m	latied to the current	correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDI	ENCE ADDRESS (Note: Use Bl	DI	Fee	(s) Transmittal. Thi ers. Each additiona	is certific I paper,	cate cannot be used f	or domestic mailings of the for any other accompanying ont or formal drawing, must
OLIFF & BER P.O. BOX 32083 ALEXANDRIA		add	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
		T'S MAL	DOWN				(Depositor's name)
		~					(Signature)
			L				(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/647,451	08/26/2003 I: IMAGE READING SY	STEM AND IMAGE RI	Toshiyuki Yano EADING METHOD	07/14/20	308 AVO	116870 HDAF2 00000132 1	3236 6647451
				01 FC:15 02 FC:15			1440.00 OP 300.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	09/02/2008
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
• GETANEH, MESFIN S 2625			358-474000	•			
1. Change of correspond	ence address or indication	2. For printing on the patent front page, list (1) the remove of up to 3 registered patent attempts 1 Oliff & Berridge, PL(
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. ""Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)			
PLEASE NOTE: Un	less an assignee is iden th in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NC	e data will appear on the port of the port	patent. If an assign assignment.	nee is ide	entified below, the o	document has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CIT		COUNT	RY)	
Fuji Xero	xCCo., Ltd.		Tokyo, Japa	n			
Please check the approp	riate assignee category o	r categories (will not be p	printed on the patent):	Individual 🗓 C	Corporation	on or other private gr	roup entity Government
4a. The following fee(s) X Issue Fee Nublication Fee (label)	No small entity discount	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te\text{\text{\text{\text{\text{\text{\text{\text{\text{\\text{\tex					
			overpayment, to Dep	osit Account Numb	per <u>15-</u>	-U461 (enclose	an extra copy of this form).
	atus (from status indicate ns SMALL ENTITY stat		☐ b. Applicant is no lo	nger claiming SMA	LL ENT	TITY status. See 37 (CFR 1.27(g)(2).
NOTE: The Issue Fee at	nd Publication Fee (if re		ed from anyone other than rk Office.	the applicant; a reg	gistered a	attorney or agent; or	the assignee or other party in
Authorized Signature	Do	She	<u>-</u>	Date <u>07/</u> 1	1/20	08	
	me <u>Kirk D. Ber</u>			Registration			
This collection of inform	mation is required by 37	CFR 1 311. The informat	tion is required to obtain or	retain a benefit by	the publ	lic which is to file (a	nd by the USPTO to process)

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.